Art. XXXVII.—*Atlas of Skin Diseases.* By **Louis A. Duhring**, M.D., Professor of Skin Diseases in the Hospital of the University of Pennsylvania; Physician to the Dispensary for Skin Diseases, Philadelphia, etc. Part II. Philadelphia: J. B. Lippincott & Co., 1877.

The second part of Dr. Duhring's Atlas may, so far as the plates are concerned, be considered an improvement upon the first number, and the delay in its issue receives a most satisfactory explanation in this perfection. The text, which accompanies them, is, as before, descriptive both of the individual case and of the disease typified, and, with the directions for treatment, forms a clear, concise, and practical guide to the study of the more common cutaneous affections. The first plate exhibits most effectively the striking and varied lesions of rosaceous acne, the author wisely abstaining in his selection from the startling pictorial effects, which exceptional cases of the disease might warrant. The second plate represents the leg of a patient with ichthyosis, and is an admirable counterfeit of a difficult subject. The patient was of a family of seven children, the three youngest of whom were affected by the disease. The third plate, tinea versicolor, is, perhaps, as successful a picture of this affection as can be made. It shows remarkably well the peculiar tint and configuration of the patches of fungus growth, but just fails to depict the minute surface changes which characterize them. In his directions for treatment we should say the author did not sufficiently insist upon a prolonged and uninterrupted use of parasiticides. If he were more particular on this point, the relapses, which he states are "common," would undoubtedly be less so. The disease may be as effectually and radically cured as scabies, only it takes a much longer time to do it. The last plate, sycosis non-parasitica, is a master-piece. The most minute features of this terribly obstinate affection of the bearded face are here repeated with the utmost fidelity in drawing and colouring, and the student by its aid should be able to make as careful a study of the disease as if he had the patient before him.

The author and artists are to be congratulated upon the eminent success they have attained in their work.

J. C. W.

Art. XXXVIII.—*Annual Report of the Supervising Surgeon-General of the Marine-Hospital Service of the United States, for the fiscal year* 1875. By **John M. Woodworth**, M.D. 8vo. pp. 229. Washington: Government Printing-Office, 1876.

From the point of view of the patriot or the political economist, the aims and objects of the Marine-Hospital Service are of the highest importance. Perhaps, however, the full grandeur of its achievements, actual and potential, can be grasped only by the intelligent and broad-minded physician. Certainly his professional brethren, beyond all others, should be quick to perceive and eager to commend the zeal, devotion, and intelligence with which the supervising surgeon has conceived and striven to realize the functions possible and desirable in this service. And when we mention that no legislation exists, providing for an examination into the professional qualifications of candidates for marine-hospital positions, readers will readily imagine the difficulties met in preventing improper appointments from political motives. Since 1873, it is true, examinations by a competent board have been provided for through a regulation of the service. But this arrangement, we presume, depends on the good pleasure of the reigning secretary. Most of the money expended is of the nature of a trust-fund, being derived from small taxes upon the wages of American sailors. Fair dealing, as well as sound policy, forbids any consideration but that of the seaman's welfare in the administration of the trust. We hope that the legislation so earnestly desired by Dr. Woodworth may be soon had. That jobbery and corruption have entered into some directions of expenditure in the past, is but too evident when we read of costly edifices requiring in fifteen years one-third to one-half their first cost in repairs, and then being so unfit for their purpose that further outlay is not advised; and of wards that cannot be kept habitably warm in winter, and of cess-pools in cellars, and of "nearly all the doors" needing "piecing" after two years' shrinkage.

The prevention of disease among seamen continues to be a favourite theme of thought with Dr. Woodworth, as a practicable and most important field of action for the service. Not only is the sailor a most active carrier of disease, by reason of his roving life, but upon his health and vigour in hours of supreme trial depend human lives and untold riches. Unseaworthy sailors, as well as unseaworthy ships, he thinks should not be allowed to sail. A regular system of medical inspection upon men offering for shipping, is suggested as an eminently fit and useful work for this service.

Medicine-chests ordinarily provided for vessels are criticized as behind the times, and as especially defective in the directions for use which accompany them. The preparation of a proper guide is suggested as a legitimate work, chargeable upon hospital funds. Hygiene on board ship, the rules and methods of hospital relief, and directions for disinfecting ships are advised to be here included.

A national supervision of quarantine is recommended on account of the diverse and sometimes objectionable local regulations.

From brief comments upon the extensive tabular presentation of facts we learn several interesting particulars. The winter (1874–5) having been unusually severe, the cases of frost-bite were four times as numerous as in the previous year. Venereal disease causes twenty per cent. of the hospital admissions. Cases of scurvy were only one-half as numerous as in previous years—twenty-five cases in some 13,000 patients. These occurred mostly in ships arriving at San Francisco after the long voyage round Cape Horn.

Three papers describe the epidemic prevalence of yellow fever, under the recent observation of the writers. The views expressed are quite dissimilar. One attributes the disease to local conditions solely. He believes that "germs have nothing to do with the disease, and that it is absolutely non-contagious and non-infectious in the sense that smallpox is contagious and typhus is infectious." His cases were at Key West; and the local conditions and mode of spreading of the disease certainly appear to favour his opinion. Another reporter attributes an epidemic to germs from an infected ship, borne to the shore by the winds or by men. Diagnosis, in the first, was often hopelessly confused with "pernicious" and "bilious" fever; and, in the third, with "break-bone fever." The reporter from New Orleans has the strongest impression in favour of the efficacy of the method of isolating disinfection (described in this Journal, April, 1877, p. 513) by carbolic acid sprinkling. Another believes no known method is effective in ships that have had many cases on board.

An elaborate and important paper, by Surgeon P. H. Bailhache, is designed to inform the service concerning the latest views and discoveries as to the duality of the syphilitic virus, or, as he puts it, the difference between syphilis and chancroid. The nature and best treatment of both affections are very clearly stated. A very cogent and forcible argument is presented for the right and duty of governmental action to limit the diffusion of syphilis. Governments enforce rigid quarantine against cholera, smallpox, and yellow fever; but allow a worse plague than either to spread wholly uncontrolled. Here, again, we find urged the need of inspection of crews, before departure on a voyage, to prevent men from shipping who are likely soon to be disabled and a source of danger to all concerned. Medical inspection of incoming crews, added to the above as suggested, with the authority to detain all infected men in hospital, would certainly be a step towards the checking of this frightful disease. The writer adds, however, a proposition to *arrest and confine for treatment all persons who continue to spread contagion.* We believe for a beginning, however, the latter step would more prudently be omitted. Legislation can never lead, but must follow, public opinion. To inform and educate that opinion is one of the highest functions of our profession. But at present, the last-named suggestion of our writer would be, like prohibitory liquor laws, unsupported by the people; and the law, therefore, would either become nugatory, or be promptly repealed as a tyrannical invasion of private liberties. We do believe, however, that a medical inspection of men offering for shipment, with power at least to reject those likely to spread contagion, or to become disabled from any malady, and also with power to quarantine syphilitic sailors arriving at our ports, would be supported by the public, as now enlightened. A small gain, thoroughly supported, is worth a dozen millennial reforms for which the times are unripe. It should not be impossible, by sacrifice of a false delicacy, gradually to prepare the popular mind for stronger measures against a disease which fatally poisons the very springs of life. Once let the people know that the most frightful results may follow—and have followed—a friendly hand-shake or kiss, the use of a towel, glass, or bed, and they will soon support legislation which now would be decried and execrated. This subject is one of tremendous importance; and the sooner every man and woman recognizes the fact, the better for unborn generations, for our country, and for the world.

Treating of consumption as found among seafaring men, Surgeon A. C. Hamlin makes the point that poor food, and the filth, moisture, and bad air of the forecastle are responsible for any excess of this malady that may obtain.

Scurvy, according to Surgeon C. N. Ellinwood, is due to the same causes, and should be entirely prevented. Too much stress has evidently been laid in the past upon diet, which, though the chief, is not the only factor.

Upon the work of the life-saving service, as here briefly described, no American can look without pride and pleasure. Of 2583 lives imperilled under its oversight, but 19 were lost, and of these 14 were in that frightful wreck of the Italian barque "Giovanni" on Cape Cod, which stranded beyond reach of the line-throwing mortars, in a sea impassable by life-boats. To medical readers, the extraordinary facts that of 728 men engaged in active service but two died from disease, and *not one lost his life on duty*, may, besides bearing evidence to the excellence of appliances and management, seem also to have some connection with the rigid physical examination through which only the men are accepted. As here hinted, similar care in selecting crews might have prevented some of the wrecks so nobly succoured.

Both Dr. Woodworth and Surgeon Thos. J. Griffiths are of the opinion that the use of setons has been too much neglected of late. Cases of paralysis and epilepsy benefited by their use, are presented by the latter. The reports are too brief and imperfect to serve any other than a suggestive purpose. This paper confirms, however, a remark before made by Surgeon Woodworth as to the prevalence of paralytic attacks among firemen on board steamships.

Useful papers upon scurvy, and upon ships' medicine chests, have had their general tenor indicated in our comments on the Supervising Surgeon-General's introductory remarks.

We trust that all medical men will appreciate the work of this service, and by every proper means encourage and sustain its officers in their zealous efforts to bring its practical excellence up to the high standard which they have set before them as their ideal. B. L. R.

ART. XXXIX.—*Medical Responsibility in the Choice of Anæsthetics, with a Table of the Anæsthetic employed, its Mode of Administration, and Results in nearly Fifty Large Hospitals in the United Kingdom.* By H. MACNAUGHTON JONES, M.D., M. Ch., etc. etc. pp. 37. London and Dublin, 1876.

THIS paper was read by its author before the Fellows of the Cork Medico-Chirurgical Association, in December, 1876. In that city, we are told, chloroform has been the anæsthetic generally employed; and from its first use in the various hospitals to the date of the essay before us, not a death has occurred from its effects. Do our readers at once jump at the conclusion that Dr. Jones is an advocate for chloroform? We will venture to assert the contrary for ninety-nine out of a hundred. No—that one word, Responsibility, conveyed at once the idea that no plea for that agent was to follow. That the men in whose hands it has heretofore proved so satisfactory should be wedded to its use, is very natural. But that the author, who is on the staff of four hospitals in that very place, and who has thus shared this immunity from fatal results, should, and does here, counsel the abandonment of the long trusted anæsthetic, is certainly powerfully suggestive.

In this discussion the writer asks three questions, which, put shortly, are these: Has experience shown any one anæsthetic to be safest? If so, has that conclusion been supported by physiological evidence, as to action on lower animals and on the human economy? Lastly, "can it be availed of in the vast majority of cases," and given with as great ease, and as favourable after-results to patients as any other anæsthetic? Affirmative replies, he believes, bind the respondent to act up to his convictions. For himself, he has "but quite recently determined to use ether exclusively whenever it can be availed of." Our readers will hardly need to be told by what arguments Dr. Jones has come to an affirmative decision upon his own questions. Chloroform and bichloride of methylene had been his favourite agents. The latter he still considers eminently adapted to eye operations, especially in children. At Moorfields Hospital it was the favourite anæsthetic, until recently two deaths occurred from its use; but is now abandoned for ether as a safer agent. Dr. Jones points out the underlying sense of danger, manifested even by the advocates of chloroform, as shown by the multiform cautions and directions enjoined for its use. Having satisfied himself by statistics, by the testimony of friend and foe, and by personal experience, that one anæsthetic, ether, is safer than others, our author passes to his second question, as to the confirmation to be drawn from physiological evidence. The testimony to the paralyzing action of chloroform upon the heart is overwhelming. Ether seems rather to strengthen cardiac action. The ability of the heart to resist the depressing influence of chloroform cannot be predicted in particular cases. Ether and nitrous oxide can endanger life only by asphyxia. In the very extensive physiological experiments of Dr. Schiff, at Florence, upon the lower animals, the profoundest insensibility from ether did not endanger life if respiration continued, and if respiration ceased the animal recovered by use of artificial respiration. Chloroform, on the other hand, caused the death of many of the subjects of anæsthesia.

In answer to the question as to availability, Dr. Jones points to the past and